AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS TYPE: [X] IXC [] CLEC [] ILEC [] Wireless 2011-2914

				40
		CERTIFICATED COMPANY	/ INFORMATION	
SBC L	ong Distance, LLC			
Compa	any Name		(LIIVOON	
AT&T I	Long Distance		(210) 246-8041	
Dba/fk	a		Telephone #	
	N St. Mary's Rm 1324 g Address			
San Ar	ntonio, Texas 78215			
City, S	tate, Zip Code			
	NSt. Mary's Rm 1324		Business Location	
	ntonio, Texas 78215		Osumbia Davan	
City, S	tate, Zip Code		County Bexar	
		REGISTERED AGENT II	NFORMATION	
Regist	ered Agent: Mark Hepbu	<u>rn</u>		
Mailing	g Address: 1010 N St. Ma	ary's Rm 1324		
City, S	state, Zip Code: San Ant	onio, Texas 78215-2109		
		ingle mules and regulations, print	or type company contact for the	e following areas:
<u> </u>	Pursuant to the Commiss	ion's rules and regulations, print	or type company contact for the	5 TONOWING CTOCOT
Α.	Same			
,	General Manager (Include	e address if different than above.)		
		1		
	Telephone Number	Facsimile Number	E-mail Address	
B.	Chris Timmermans			
	Customer Relations /Con	nplaints Representative (Include addr	ess if different than above.)	
	816 251-3255	/218 664-5376	/ CT4873@att.com	
	Telephone Number	Facsimile Number	E-mail Address	
C1.	SAME			
	Customer Relations/Com	plaints Representative for Escalated	Complaints (Include address if d	ifferent than above.)
		1	E-mail Address	
	Telephone Number	Facsimile Number	E-maii Address	
C2.	1-888-516-2272	· Almahan		
	Customer Contact (Toll F	ree number)		X
D.	N/A	(Include address if different than above	.1	
	Engineering Operations	(Include address if different triain above	F.	
	Telephone Number	Facsimile Number	E-mail Address	*
_	·			
E.	N/A (Include	address if different than above.)		3
	, 551 mile 115 pm / /// / //	, ,		0.
	Telephone Number	Facsimile Number	E-mail Address	

F.	N/A					
	Emergencies (During non-office hours)					
	Telephone Number	/ / / Facsimile Number	E-mail Address			
	•					
<u>In add</u>	lition, please provide the follo	wing company contact information	to assist in proper routing of correspondence and invoice			
G.	Mark Hepburn					
	Regulatory Officer (Incli	ude address if different than above.)				
	210 246-8041	/ 210 246-8152	/ mh4424@att.com			
	Telephone Number	Facsimile Number	E-mail Address			
H.	N/A					
	Dual Party Mailings (Name)					
	Mailing Address					
		1				
	Telephone Number	Facsimile Number	E-mail Address			
I.	Mark Hepburn_	(Nama)				
	Interim LEC Fund Mailings (Name)					
	1010 N St. Mary's Hm 1324 Mailing Address	San Antonio, TX 78215-2109				
	210 246-8041	/ 210 246-8152	/ mh4424@att.com			
	Telephone Number	Facsimile Number	E-mail Address			
J.	Mark Hepburn					
	Universal Service Fund Mailings (Name)					
		San Antonio, TX 78215-2109				
	Mailing Address 210 246-8041	/ 210 246-8152	/ mh4424@att.com			
	Telephone Number	Facsimile Number	E-mail Address			
K.	Mark Hepburn					
	Gross Receipts Mailings (Name)					
	1010 N St. Mary's Rm 1324 San Antonio, Texas 78215					
	Mailing Address	/ 010 046 0	3152 / mh4424@att.com			
	210 246-8041 Telephone Number	/ 210 246-8 Facsimile Number	E-mail Address			
1	N/A					
C.	Lifeline Mailings (Name)					
	Mailing Address					
	Telephone Number	Facsimile Number	E-mail Address			
	relephone reamber	T doosiiiio Trainiso.				
	Mayle Hankerson		Ma (CH)			
	Mark Hepburn This form was completed by	(print name)	Signature			
		, ([•			
	Area Manager Regulatory Titl	e	February 17 th 2011 Date			
	RETURN COMPLETED FORM TO:					
		Commission of SC	Office of Regulatory Staff			
	Clerk's Office		Attn: Jeanne Gordon			

Post Office Drawer 11649 Columbia, South Carolina 29211

1401 Main Street, Suite 900 Columbia, South Carolina 29201

(Rev. PSC 11/2010)